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COVER LETTER

Division of Corporations NAME OF CORPORATION: EAGL SOLUTIONS DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: BRANCO, JOAO Name of Contact Person SOLUTIONS USA Firm/ Company BEACH, FL 33441
City/ State and Zip Code EAGLE SOLUTIONS USA - COM
-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>954</u>) <u>937 - 2070</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



2019 OCT 10 PM 2: 27

SOLUTIONS USA CORP. (Name of Corporation as currently filed with the Florida Dept. of State) P19000062413 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and editain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u>	<u>John Doe</u>					
X Remove	<u>V</u>	Mike Jones					
<u>X</u> Add	<u>sv</u>	Sally Smith					
Type of Action (Check One)	<u>Title</u>	<u>Name</u>			<u>Addres</u> s		
1) Change		PEIXOTO	PE650A	, 508GE L	201 5	= 15TH	TER
Add				,		IELD BA	
X Remove						441	
2) Change							
Add						·	
Remove					-		
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Add							
Remove							
4) Change							
Add							_
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5) Change				 .			
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б) Change							_
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E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A

The date of each amendment(s) a	Augustania N/A	, if other than the
date this document was signed.	Joption:	. If other than the
the this document was signed.	×1 / ₄	
Effective date if applicable:	(no more than 90 days after amendment file dat	
	I (no more than 90 days after amendment file dat	(e)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirement apartment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes east for the artificient for approval.	mendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	
	for the amendment(s) was/were sufficient for approval	
bv	N/A (voting group)	
·, ————	(voting group)	
action was not required.	opted by the board of directors without shareholder action and opted by the incorporators without shareholder action and shareholder.	
Dated AO/C Signature(By a c scleete	director, president or other differences or officers have the description of a receiver, trustee, of the fiduciary by that fiduciary	e not been rother court
	DE OLIVEIRA CAMPOS, JONAT	as e
	(Typed or printed name of person signing)	
	PRESIDENT.	
	(Title of person signing)	